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CONFIRMATION NO. 3939

SERIAL NUMBER 09/784,383	FILING DATE 02/15/2001 RULE	CLASS 606	GROUP ART UNIT 3732	ATTORNEY DOCKET NO. DEP0468	
APPLICANTS John C. Voellmicke, Providence, RI; Paul J. Mraz, Boston, MA; Robert Sommerich, Norton, MA; John Buonanno, Bristol, RI; Francis Peterson, Prescott, WI; Todd Bjork, River Falls, WI; Mark Duffy, Plainville, MA;					
** CONTINUING DATA *****					
** FOREIGN APPLICATIONS *****					
IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** 04/27/2001					
Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after met Allowance Verified and Acknowledged _____ Examiner's Signature Initials		STATE OR COUNTRY RI	SHEETS DRAWING 12	TOTAL CLAIMS 100	INDEPENDENT CLAIMS 27
ADDRESS Philip S. Johnson, Esq. Johnson & Johnson One Johnson & Johnson Plaza New Brunswick, NJ 08933-7003					
TITLE Vertebroplasty injection device					
FILING FEE RECEIVED 4200	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		



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CONFIRMATION NO. 3939

SERIAL NUMBER 09/784,383	FILING DATE 02/15/2001 RULE	CLASS 422	GROUP ART UNIT 3732	ATTORNEY DOCKET NO. DEP0468
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APPLICANTS

John C. Voellmicke, Providence, RI;
Paul J. Mraz, Boston, MA;
Robert Sommerich, Norton, MA;
John Buonanno, Bristol, RI;
Nolene Harris, Lytham St. Annes, UNITED KINGDOM;
Neil Watkins, Preston, UNITED KINGDOM;
Rick Kowalski, Preston, UNITED KINGDOM;
Francis Peterson, Prescott, WI;
Todd Bjork, River Falls, WI;
Mark Duffy, Plainville, MA;

** CONTINUING DATA *****

** FOREIGN APPLICATIONS *****

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

** 04/27/2001

Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no	STATE OR COUNTRY RI	SHEETS DRAWING 12	TOTAL CLAIMS 100	INDEPENDENT CLAIMS 27
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged	Examiner's Signature	Initials		

ADDRESS

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Johnson & Johnson
One Johnson & Johnson Plaza
New Brunswick, NJ 08933-7003

TITLE

Vertebroplasty injection device

FILING FEE RECEIVED 4200	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees
		<input type="checkbox"/> 1.16 Fees (Filing)
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		<input type="checkbox"/> 1.18 Fees (Issue)
		<input type="checkbox"/> Other _____
		<input type="checkbox"/> Credit



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CONFIRMATION NO. 3939

SERIAL NUMBER 09/784,383	FILING DATE 02/15/2001 RULE	CLASS 422	GROUP ART UNIT 1764	ATTORNEY DOCKET NO. DEP0468
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APPLICANTS

John C. Voellmicke, Providence, RI;
Paul J. Mraz, Boston, MA;
Robert Sommerich, Norton, MA;
John Buonanno, Bristol, RI;
Nolene Harris, Lytham St. Annes, UNITED KINGDOM;
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Verified and Acknowledged	Examiner's Signature _____ Initials _____				

ADDRESS

Philip S. Johnson, Esq.
Johnson & Johnson
One Johnson & Johnson Plaza
New Brunswick ,NJ 08933-7003

TITLE

Vertebroplasty injection device and bone cement therefor

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		<input type="checkbox"/> 1.16 Fees (Filing)
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		<input type="checkbox"/> 1.18 Fees (Issue)
		<input type="checkbox"/> Other _____
		<input type="checkbox"/> Credit

